



# BRISTOL

SEWERAGE DISPOSAL CORPORATION

## AUTOMATIC DEBIT AUTHORIZATION FORM (ACH)

I AUTHORIZE BRISTOL SEWERAGE DISPOSAL CORPORATION UTILITIES TO BE PAID BY AUTOMATIC DEBIT

NAME: \_\_\_\_\_

### MAILING ADDRESS

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

### PROPERTY ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### PAYMENT INFORMATION

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

\*PLEASE INCLUDE A COPY OF A VOIDED CHECK

SIGNATURE FOR AUTHORIZATION OF QUARTERLY DEBIT:

\_\_\_\_\_

*Please note - your quarterly payment will be automatically deducted on the due date.*

Please return this completed form by email:

[customerservice@bristolseweragedisposalcorp.com](mailto:customerservice@bristolseweragedisposalcorp.com)

After the form is completed and returned you may use this form of payment going forward.